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**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/596,493
Filing Date	06/15/2006
First Named Inventor	Jinxing He
Title	Punch Device for Substrate...
Art Unit	
Examiner Name	
Attorney Docket Number	STD-0903-USPT

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

66774

OR

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Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

OR

Firm or Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	X	Date	x Apr 17, 20
Name	Yongli Tian	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature	X	Date	x	Apr. 17 2008
Name	Jiahong Dai	Telephone		
Title and Company				

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Signature	x	Date	x
Name	Shaoyun Wu	Telephone	April 8, 200
Title and Company			

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<input type="checkbox"/> Firm or Individual Name			
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Telephone	Email		

I am the:

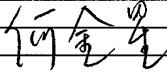
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Signature	X		Date	X	April 17, 2009
Name	Jinxing He		Telephone		
Title and Company					

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Signature	x	Date	x
Name	Jinfu He	Telephone	Apr 17, 2010
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature	X	1/29	Date	X	April, 2006
Name	Suiyu Dai	2/2	Telephone		
Title and Company					

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